

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10 724 493

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 = *	—
INDEPENDENT CLAIMS	3 minus 3 = *	—
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Ind pendent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PATENT APPLICATION FEE DETERMINATION RECORD</b>						Application or Docket Number																																											
Substitute for Form PTO-875																																																	
<b>CLAIMS AS FILED – PART I</b>																																																	
(Column 1)		(Column 2)		(Column 3)																																													
FOR	NUMBER FILED	NUMBER EXTRA																																															
BASIC FEE (37 CFR 1.16(a))																																																	
TOTAL CLAIMS (37 CFR 1.16(c))	20 - minus 12 = * 0																																																
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 - minus 3 = * 0																																																
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))																																																	
* If the difference in column 1 is less than zero, enter "0" in column 2.																																																	
<b>CLAIMS AS AMENDED – PART II</b>																																																	
(Column 1)		(Column 2)		(Column 3)																																													
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																														
	Total (37 CFR 1.16(c))	*	Minus	**	=																																												
	Independent (37 CFR 1.16(b))	*	Minus	***	=																																												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																														
	Total (37 CFR 1.16(c))	*	Minus	**	=																																												
	Independent (37 CFR 1.16(b))	*	Minus	***	=																																												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA																																														
	Total (37 CFR 1.16(c))	*	Minus	**	=																																												
	Independent (37 CFR 1.16(b))	*	Minus	***	=																																												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> </div> <div style="width: 50%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">SMALL ENTITY</th> <th colspan="2" style="text-align: center;">OR</th> <th colspan="2" style="text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <th style="text-align: center;">RATE</th> <th style="text-align: center;">FEE</th> <th colspan="2"></th> <th style="text-align: center;">RATE</th> <th style="text-align: center;">FEE</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">\$ 385</td> <td colspan="2" style="text-align: center;">OR</td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>X \$ 9 =</td> <td style="text-align: center;">0</td> <td colspan="2" style="text-align: center;">OR</td> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>X \$ 42 =</td> <td style="text-align: center;">0</td> <td colspan="2" style="text-align: center;">OR</td> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>+ \$ 0 =</td> <td style="text-align: center;">0</td> <td colspan="2" style="text-align: center;">OR</td> <td>+ \$ _____ =</td> <td></td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">385</td> <td colspan="2" style="text-align: center;">OR</td> <td>TOTAL</td> <td></td> </tr> </tbody> </table> </div> </div>								SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		RATE	FEE			RATE	FEE		\$ 385	OR			\$ _____	X \$ 9 =	0	OR		X \$ _____ =		X \$ 42 =	0	OR		X \$ _____ =		+ \$ 0 =	0	OR		+ \$ _____ =		TOTAL	385	OR		TOTAL	
SMALL ENTITY		OR		OTHER THAN SMALL ENTITY																																													
RATE	FEE			RATE	FEE																																												
	\$ 385	OR			\$ _____																																												
X \$ 9 =	0	OR		X \$ _____ =																																													
X \$ 42 =	0	OR		X \$ _____ =																																													
+ \$ 0 =	0	OR		+ \$ _____ =																																													
TOTAL	385	OR		TOTAL																																													

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.